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Report of the Special Rapporteur on the human right to safe drinking water and sanitation

Addendum

Mission to Kenya*

Summary

In July 2014, the former Special Rapporteur on the human right to safe drinking water and sanitation, Catarina de Albuquerque, undertook an official visit to Kenya.

Kenya was one of the first States to explicitly recognize the human rights to water and sanitation in national legislation, and is undertaking legal and institutional reforms in the areas related to the provision of water and sanitation services. It is at a critical point with respect to translating its political commitment into the implementation and realization of those rights, which could be accelerated through the reforms. Kenya faces enormous challenges, including those related to access to sanitation in informal settlements and rural areas.

The Special Rapporteur encourages the Government of Kenya to place the human rights to water and sanitation at the core of the reform processes, and to prioritize the most marginalized groups. She makes several recommendations to address these challenges, and calls on the Government to urgently clarify the allocation of responsibilities in the provision of water and sanitation services.

* The summary of the present report is circulated in all official languages. The report itself, which is annexed to the summary, is circulated in the language of submission only.

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Annex

[English only]

Report of the Special Rapporteur on the human right to safe drinking water and sanitation on her mission to Kenya (22–28 July 2014)

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I. Introduction

1. The former Special Rapporteur on the human right to water and sanitation, Catarina de Albuquerque,[1] undertook an official visit to Kenya from 22 to 28 July 2014, upon an invitation from the Government, to examine the progress made and remaining challenges in ensuring the full realization of the human rights to water and sanitation in the country. During her mission she had the opportunity to meet with different interlocutors, including the Principal Secretary of the Ministry of Health and representatives of the Ministry of Foreign Affairs, the Ministry of Water and Irrigation and the Office of the Attorney General. She also met with local authorities of Kisumu County and Turkana County. She had meetings with a commissioner of the Kenya National Commission on Human Rights, the chief executive officer of the Water Services Regulatory Board, civil society organizations and bilateral and multilateral donors. She visited Kibera, an informal settlement in Nairobi, as well as several schools and communities in the country, and talked with community leaders, school pupils, teachers, water providers and health practitioners in Nairobi, Kisumu County (Kisumu city and Nyango subcounty), Homa Bay County (Kanyadhiang) and Turkana County (Lodwar city and Lolupe).

2. The Special Rapporteur expresses her appreciation to the Government of Kenya for the cooperation shown before and during the mission. She also thanks the United Nations country team, in particular the Office of the United Nations High Commissioner for Human Rights, for the support and assistance provided. Lastly, the Special Rapporteur wishes to thank all the people who took the time to meet with her and to help her better understand the situation of access to water and sanitation in Kenya.

3. As at 2012, Kenya had achieved coverage of 62 per cent with regard to access to improved water sources and 30 per cent with regard to access to improved sanitation.[2] Access to sanitation is a major challenge throughout the country. While the overall rate of access to water is increasing, access in urban areas has been decreasing owing to the growth of the population, and disparities are significant between formal and informal settlements and among wealth quintiles.

II. Legal, institutional and policy frameworks

A. Legal framework

4. At the international level, Kenya has ratified the main international human rights instruments, including the International Covenant on Economic, Social and Cultural Rights, the Convention on the Elimination of All Forms of Discrimination against Women, the Convention on the Rights of the Child and the Convention on the Rights of Persons with Disabilities. Therefore, it has a legal obligation to take concrete and deliberate steps to ensure the progressive realization of the human rights to water and sanitation. The Government also has an immediate obligation to ensure access to water and sanitation facilities and service on a non-discriminatory basis, especially for disadvantaged or

[1] The present report is submitted by Léo Heller, who took up his functions in December 2014, after the mission to Kenya took place. All references to the Special Rapporteur in the present report are therefore to Ms. de Albuquerque.

[2] World Health Organization (WHO) and United Nations Children's Fund (UNICEF), *Progress on Drinking Water and Sanitation: 2014 Update* (2014). Available from www.wssinfo.org/fileadmin/user_upload/resources/JMP_report_2014_webEng.pdf.

marginalized groups. Kenya has also ratified a number of regional human rights treaties, such as the African Charter on Human and Peoples' Rights and the African Charter on the Rights and Welfare of the Child; the latter obliges States parties to take measures to ensure the provision of adequate nutrition and safe drinking water.

5. Safe drinking water and sanitation is a human right, derived from the right to an adequate standard of living, which is enshrined in, inter alia, article 11 of the International Covenant on Economic, Social and Cultural Rights. This right was explicitly recognized by the General Assembly in its resolution 64/292 and by the Human Rights Council in its resolution 15/9.

6. To be more specific, the human right to water and sanitation entitles everyone, without discrimination, to have access to sufficient, safe, acceptable, physically accessible and affordable water for personal and domestic use, and to have physical and affordable access to sanitation, in all spheres of life, that is safe, hygienic, secure and acceptable, and that provides privacy and ensures dignity. This content of the right was explicitly recognized by the Human Rights Council in its resolution 24/18 and reaffirmed in its resolution 27/7. The realization of the human right to water and sanitation also requires ensuring access to adequate and affordable hygiene practices, including hand washing and menstrual hygiene management, that ensure privacy and dignity. Furthermore, effective measures have to be taken to ensure adequate disposal and treatment of human waste, including of wastewater. Even in cases of delegation of service delivery to third parties (private or public companies, for instance), the Government is required to regulate its activities to ensure that all aspects of the human right are guaranteed, prioritizing disadvantaged and marginalized groups.

7. Kenya was one of the first States to explicitly recognize the human rights to water and sanitation in national legislation. In article 43 of its Constitution of 2010, Kenya recognizes those rights by stating that every person has the rights to reasonable standards of sanitation and to clean and safe water in adequate quantities. Such an explicit recognition is a critical first step, since it provides a strong legal foundation for, and demonstrates a clear commitment to, realizing these rights for everyone in the country. In addition, article 56 of the Constitution provides that the State is to put in place affirmative action programmes designed to ensure that minorities and marginalized groups have reasonable access to water, health services and infrastructure, among other things. This is a uniquely strong provision, which reiterates a core human rights principle of equality and non-discrimination.

8. The Water Act of 2002 is the principal legal instrument in this sector; it provides for the management, conservation, use and control of water resources and for the regulation and management of water supply and sewerage services. It does not contain any reference to the human rights to water and sanitation. The Act provides the basis for the commencement of comprehensive reforms in the water sector, including definitions of the roles of the relevant actors. The Water Services Regulatory Board was established to set standards for the provision of water and sewerage services and to regulate service providers. The Water Resources Management Authority, the water services boards, the Water Appeal Board and the Water Services Trust Fund were also established under the Act.

9. Following the adoption of the Constitution of 2010, the Water Bill was drafted to provide for the regulation, management and development of water resources and water and sewerage services in line with the Constitution. Once the Bill enters into force, it will replace the Water Act of 2002. The Bill, which was gazetted on 17 March 2014 and was before the Parliament at the time of the visit, restates water and sanitation as human rights. The Bill prescribes the devolution of water and sanitation services in line with the Constitution, and proposes that water and sewerage services be provided by county-owned water service providers.

10. The Special Rapporteur welcomes the new Water Bill, which would guarantee the human rights to water and sanitation. She supports the provision on ring-fencing to secure funds within the sector and welcomes article 129 (3), which stipulates that "dividends or other payments shall not be paid to the owners of public water services providers as long as the universal rights of access to safe and clean water have not been achieved in the designated service areas". With respect to human rights standards, however, the Special Rapporteur is of the view that the Bill should include a provision clearly stating that the allocation of a sufficient quantity of water for personal and domestic use necessary to realize the human rights to water and sanitation should be prioritized over allocation for other water uses.

11. On-site sanitation is regulated by the Public Health Act and the Building Code. It is the responsibility of owners and constructors to have sanitation facilities in each house or building.

B. Institutional and policy frameworks

12. Since 2002, Kenya has been undergoing water sector reforms triggered by the Water Act.

13. The Ministry of Water and Irrigation has overall responsibility for the formulation, review and implementation of the water sector policy. Under the Ministry, the Water Resources Management Authority regulates water resources management and the Water Services Regulatory Board regulates water and sewerage services by setting national standards for water tariffs and quality, while issuing licences for water service providers. Two private companies, Runda Water Limited and Kiamumbi, participate in the provision of piped water in Nairobi, operating water supply systems.

14. The Ministry of Health has overall responsibility for on-site sanitation. It also monitors water quality and carries out sanitation and hygiene promotion.

15. In 2010, the new Constitution created 47 county governments and set up the framework of devolution of government functions. Under the Constitution, water resources management is separate from water and sewerage service provision. The responsibility for providing water and sanitation services is decentralized and devolved from the national Government to the county governments, while the competence over water resources management stays at the national level.

16. One of the intentions of devolution stated in the Constitution is to protect and promote the interests and rights of minorities and marginalized communities. The Special Rapporteur indeed observed in three counties that county-level government officials are closer to local communities and are better aware of the actual challenges and barriers to access to sanitation and water for all. She was also reminded of the importance of supervision or monitoring by the national Government and the independent regulator to ensure the transparency of the decisions and actions taken at the local level.

17. Devolution of responsibilities could be an opportunity to provide water and sanitation services that are tailored according to the needs and specificities of the local population. The State, however, cannot exempt itself from its human rights obligations by devolving the competence of service provision. Irrespective of the responsibilities of the county governments, the central Government remains the primary duty bearer for the realization of human rights.

18. In the current transition period of devolving competence for water and sanitation, there are several challenges in making the new system functional and several instances of ambiguity in the division of power and responsibilities between national and county-level

governments. For instance, the devolution of State functions has not been followed up with the necessary transfer of financial and human resources from the national to the county governments. Despite the enormous challenges in access to sanitation throughout the country, only three counties reported that they had adequate funding available to implement planned sanitation activities for the fiscal year 2013/14. The national Government should provide county governments with support to set up a service provision system. The county governments should identify the areas where they need technical and financial support and make specific requests to the national Government.

19. The provisions on the competent regulatory authority for water and sanitation services contained in the County Governments Act of 2012 contradict the Water Bill. The County Governments Act can be interpreted as giving the competence of regulation to county governments, whereas the Water Bill gives the Water Services Regulatory Authority the regulatory powers and functions to determine and prescribe national standards for the provision of water services, approve water and sewerage tariffs imposed by the county water services providers and monitor compliance with standards by the water services providers, among others. Once the Water Bill is in force, an explicit institutional set-up with a clear designation of regulatory roles and responsibilities across the national, regional and local levels will be indispensable and will provide the basis for accountable institutions. Hence, even in a decentralized system, the principal human rights obligations stay with the national Government, which has the obligation to oversee the overall realization of the human rights to water and sanitation. The national Government should set minimum mandatory standards for water and sanitation services, including on affordability, that comply with human rights and that will be the basis for county governments to define their own standards. Furthermore, an independent body such as the Water Services Regulatory Board should play an essential role in monitoring the compliance of service providers with the normative content of the human rights to water and sanitation. The roles of service provision and regulation must therefore be clearly separated.

20. At the policy level, Kenya also has an obligation to develop national standards and indicators that will enable it to monitor all elements of the human rights to water and sanitation. Such indicators should be designed not only to measure the outcome in terms of the rate of access, but also to capture the progress and efforts made by the Government.

21. In setting national and local standards, all levels of government are required to consider existing service levels; local context, such as the availability of water resources; and settlement types and densities. They may need to set interim standards, together with relevant targets and indicators, before the best possible standard is developed. Such targets must be time bound and tailored to meet the needs of particular population groups or settlements, taking into account the barriers that must be overcome. Data disaggregated by sex, rural or urban location, informal or formal settlement and advantaged or disadvantaged group is essential in order to fully understand where and how discrimination occurs with respect to access to water and sanitation. The indicators for the rights to water and sanitation developed by the Office of the United Nations High Commissioner for Human Rights (A/HRC/27/55, annex) could serve as a useful guide for Kenya in carrying out this exercise.

22. In order to start planning for the realization of the human rights to water and sanitation in the new framework, the Special Rapporteur calls on Parliament to urgently pass the Water Bill and clarify the competences of the national Government and county governments, in particular regarding regulatory roles. The clarification of responsibilities is indispensable for establishing which actors can be held accountable.

III. Human rights to water and sanitation

A. Access to water

23. The human right to water requires that the water supply for each person be sufficient and continuous for personal and domestic uses.[3]

24. As at 2012, 62 per cent of the Kenyan population enjoyed access to improved water sources. When breaking down this figure, significant inequalities are revealed between formal and informal settlements, and across wealth quintiles and rural and urban areas. While 82 per cent of people in urban areas have access to improved water sources, including nearly 60 per cent who have piped water on the premises, only 55 per cent of people in rural areas have access to improved water sources. During her mission, the Special Rapporteur visited several informal settlements where the residents' only option for access to water was to buy water from kiosks. Inequalities also exist within informal settlements; in such settlements in Mombasa, for instance, the vast majority of the poorest rely on water kiosks, while some of the richest inside the settlements have access to piped water.

25. Even when they have access to improved water sources, people make 7 to 28 trips to the water source per week.[4] For the majority of Kenyans, a significant part of daily life is still absorbed by collecting drinking water. In a survey carried out in multiple informal settlements, for instance, 40 per cent of households listed access to water as the most desired improvement in living conditions.[5]

26. Water quality standards in Kenya follow the guidelines provided by the World Health Organization. The Water Services Regulatory Board monitors and reports on the chlorine level and bacteriological quality of water provided by water service providers as part of its performance evaluation. The Ministry of Health also has responsibilities regarding water quality and carries out water quality surveillance in a number of districts. Water provision by vendors and tanker trucks introduces additional risks of contamination even when water is bought from the formal water service providers. The Special Rapporteur was informed that water quality monitoring for informal and small-scale provision, either by government actors or by users, is not routine and is insufficient.

B. Access to sanitation

27. Only 30 per cent of the population has access to improved sanitation: 31 per cent in urban areas and 29 percent in rural areas. At the current rate, Kenya would reach the target on sanitation of the Millennium Development Goals only in 2090, 75 years after the deadline. An estimated 13 per cent of the national population practises open defecation. When disaggregating the data by wealth quintiles, it becomes clear that open defecation is mostly practised among those in the lowest wealth category. The rate of access to sanitation also varies enormously between counties: the rate of open defecation is 82.1 per cent in Turkana and 0.2 per cent in Nyandarua, for instance.[6]

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[3] See Committee on Economic, Social and Cultural Rights, general comment No. 15 (2002) on the right to water, para. 12 (a).

[4] See United Nations Development Programme (UNDP), "Small-scale water providers in Kenya: pioneers or predators?" (2011), p. 26.

[5] Ibid.

[6] Kenya, Ministry of Health, and the Water and Sanitation Program, County Sanitation Profiles.

28. One of the systemic challenges hindering progress in access to sanitation in Kenya appears to be the law and policy that put the responsibility of providing sanitation facilities on individual households. Under the current structure, waterborne sewerage is the only part of sanitation systems that is under the direct responsibility of the service providers. Many households cannot afford to build sanitation facilities or have no authority to do so because they do not own the house or the building. While the relevant legislation, including the Building Code, contains provisions on sanitation and the local authorities are supposed to supervise their implementation, in many cases, particularly in informal settlements, the authorities do not oblige the building owners to provide sanitation when the building does not have such facilities. The National Environmental Sanitation and Hygiene Strategy 2010–2015 is based on the same foundation — taking a "community-led approach" — and explicitly states that the strategy does not propose any individual household-level hardware subsidies. Furthermore it establishes that to cater for the needs of the poor and vulnerable the strategy will rely heavily on community support networks (para. 6). The slow pace of progress in access to sanitation in the past decade in Kenya may be a signal that there are gaps, including poor budgetary allocation to the provision of on-site sanitation, in the system to progressively realize the right to sanitation.

29. The human rights framework does not require that the Government directly provide basic services for free. Rather, it requires the State to create an enabling environment for people to fully enjoy their human rights. However, in cases where people for reasons beyond their control cannot accede to their rights, including when they cannot afford to build sanitation facilities, the Government has the obligation to provide sanitation services directly.

30. The Special Rapporteur has learned that the Government does not invest enough in, or emphasize sufficiently, sewerage and waste water management. According to a census conducted in 2009, 74 per cent of households in rural areas and 62.5 per cent of those in urban areas relied on a pit latrine. In the global monitoring of the Millennium Development Goals, pit latrines are considered unimproved sanitation when they are public or shared or when they do not hygienically separate human excreta from human contact. The widespread lack of safe disposal of human waste is a serious threat to health in Kenya, and waterborne diseases are common. In 2009, over 3,000 people suffered from cholera and 40 of them died, and a cholera outbreak was reported in early 2015, at the time of writing the present report. About 17,000 children under the age of 5 reportedly die from diarrhoea every year.[7] The Special Rapporteur would like to reiterate that the human right to sanitation is not simply about access to a toilet; rather, it is defined as a system for the collection, transport, treatment and disposal or reuse of human excreta and associated hygiene (see A/HRC/12/24, para. 63). She is thus of the view that, to realize the human right to sanitation, the Government must ensure that toilets are hygienic to use and to maintain, and that waste matter is safely contained, transported, treated and disposed of or recycled. Waterborne sanitation is by no means the only acceptable solution; depending on the context, including the housing density and the availability of water, there are many other possible solutions. To safeguard the health benefits of access to sanitation and to protect water resources, standards and targets for the full cycle of sanitation provision must be set, from the collection of wastes to their transport, treatment and disposal or reuse.

31. The Government, with the support of UNICEF and the World Bank, has progressed in the collection of data on access to sanitation by county. The county sanitation profiles include assessments of indicators on the enabling environment for sanitation, including

[7] Kenya, Ministry of Health, and UNICEF, *Realizing Open Defecation Free (ODF) Rural Kenya: Achievements and the Road Ahead* (2014), p. vi.

indicators on financing. Collecting data and monitoring is essential for planning and budgeting, in particular to adopt affirmative action measures to support minorities and marginalized groups, as prescribed by the Constitution. The Special Rapporteur encourages the Government to continue its efforts and to further disaggregate data according to population groups, such as by sex, age, vulnerability and income level, in order to highlight patterns of exclusion and discrimination. The Government should also carry out a similar exercise on access to water at the county level.

C. Affordability of water and sanitation

32. To realize the human rights to water and sanitation, the price of water and sanitation and the direct and indirect costs and charges associated with it must be affordable and must not compromise or threaten a person's capacity to satisfy other fundamental human needs, such as for food or medicine. There are several different international recommendations regarding what percentage of household income should be spent on water and sanitation, but from a human rights perspective, additional measures must be put in place in order to ensure that no person who cannot afford to devote even such percentage to water and sanitation for various reasons is deprived of adequate sanitation and sufficient quantities of safe and accessible water.

33. In Kenya, only 20 per cent of the population have access to piped water on premises (44 per cent in urban areas and 13 per cent in rural areas). The rest rely on neighbours' taps, wells, water kiosks, rivers and other surface-water sources. The reported average water tariff of piped water in 2010/11 was 31 Kenyan shillings ($0.34) per cubic metre, and the price is much higher at unregulated water points. Even the tariff of piped water is likely to be hard to pay for those living on the lowest daily minimum wage (K Sh 264.50), and the higher price of unregulated water is unaffordable to those who are living in poverty.

34. The tariff guidelines developed by the Water Services Regulatory Board in 2007 provide clear guidance on how to set the water tariff. In the guidelines the Board encourages a pro-poor policy, for instance through the introduction of a "social block tariff" according to which a lower percentage of the average tariff is charged for the consumption of up to 6 cubic metres. It is also strongly recommended that water service providers adopt a "rising block tariff" for metred customers, and that they include sewerage costs according to the level of water consumption. In the guidelines, the Board also recommends that the water price per cubic metre at water kiosks should not be higher than the social block of the tariff.

35. The Special Rapporteur welcomes the positive measures included in the guidelines to ensure affordability for the poor. The rising block tariff encourages water savings and affordability for low-income households. However, the Special Rapporteur often observes problems with such types of tariff during her country missions: the poor are often charged a higher tariff because of their large families and shared water metres. The other issue with the guidelines is that some small-scale water providers, such as mobile vendors, are not covered by them and hence freely charge higher tariffs, although the Water Services Regulatory Board issues licences for small-scale providers that supply more than 20 households or more than 25 cubic metres per day. These very small-scale water providers are in fact the major water providers to the poor in very remote areas or in informal settlements.

36. During the visit, in her interactions with individuals living in informal settlements or otherwise purchasing water from water kiosks or informal vendors, the Special Rapporteur encountered many situations where the poor pay significantly more to buy minimum quantities of water than those who are connected to the water networks. While the tariff guidelines prohibit water kiosks from charging significantly higher than the social tariff

charged to those who are connected to pipes, the Special Rapporteur did not see those guidelines being followed. Twenty-litre jerrycans of water were sold for K Sh 5 in informal settlements in Nairobi. This is more than double the tariff of K Sh 2 per 20 litres approved by the responsible water service provider in Nairobi. In very remote areas in Kenya, 20 litres of water at water points were sometimes sold for K Sh 10. Still, the water price at water points is relatively low compared to other small-scale providers, such as pushcart vendors.

37. The prices charged by small-scale water providers are obviously unaffordable for many people in the country, where nearly half of the population lives below the poverty line. A study shows that approximately 63 per cent of households spend much more than 3 per cent of household income just on water.[8] This suggests that many people must either limit their water consumption to a level that threatens their health and hygiene practices, or compromise their access to other human rights, such as to sanitation, medicine and food.

38. In 2008, the Committee on Economic, Social and Cultural Rights recommended that the Government of Kenya should control prices charged by private water services and water kiosks (see E/C.12/KEN/CO/1, para. 30). It is urgent that the Government implements this recommendation and takes immediate measures to monitor and enforce the official tariffs for water kiosks. Generally people are prepared to pay a high price for water because it is essential for so many aspects of a person's life, but this does not justify a high affordability threshold. Affordability standards must be considered together with standards of minimum quantity of water or quality of sanitation to ensure that they are realistic. The Special Rapporteur calls upon the Government to correct the situation wherein an unjustified burden is placed on the poorest of the poor, who have no choice but to pay unaffordable prices for water. Such situations reflect a pattern of social structure where those who are better off benefit from development, including a subsidized supply of piped water and sanitation network, while the poor continue to pay higher prices for their minimum daily needs. Where the minimum standard of service is not affordable, States must provide alternative financial resources, for example, subsidies or grants.

39. It is also necessary to identify the poorest of the poor who cannot even afford the regulated price of water at water kiosks. This is a particular challenge, given that there is no social security system in Kenya. The Ministry of Water and Irrigation included a special pro-poor implementation plan and tariff adjustment through cross-subsidization in the implementation plan for the National Water Services Strategy. The Water Services Trust Fund, established under the Water Act of 2002 as a State corporation in order to assist in financing the provision of water services to areas of Kenya that are without adequate water services, conducted mapping of the water supply with socioeconomic data for pro-poor planning.[9] Collecting disaggregated data is an essential step in prioritizing those who have been marginalized. According to one assessment, however, despite the pro-poor policy, low-income households still do not enjoy affordable water and sanitation services, in particular because of the lack of financial and human capacities to monitor the compliance of licensed small-scale providers who often charge tariffs higher than the stipulated price. This is also owing to the fact that unregulated small-scale providers, who are the main suppliers for low-income households, fall outside of the regulatory framework, as stated above.[10]

40. The Special Rapporteur observed that, owing to such deficits in the policies, often the poor rely on community-based support systems; for instance, in Kibera, operators of

[8] See UNDP, "Small-scale water providers", p. 4.
[9] See the MajiData website (www.majidata.go.ke).
[10] See UNDP, "Small-scale water providers", p. 29.

public toilets allow the poor to use the toilet and pay for it when they have the money. While self-support systems are important safety nets, the realization of human rights cannot rely on such informal and random systems. The Government should strengthen the system to ensure affordability for the poorest of the poor by ensuring that the water tariffs are complied with by all and that even smaller scale providers must comply with water affordability standards, and also by ensuring that local authorities, service providers (formal and informal) and residents work together to find lasting solutions to the challenges of providing water and sanitation services in informal settlements.

41. There are reportedly complaints against Runda Water Limited alleging that it buys water from the Nairobi Water and Sewerage Company and sells it to customers at a much higher rate. The Water Services Regulatory Board, in its performance review report, states that Runda Water Limits is maintaining its good performance, although the assessment does not include the price of water and affordability.[11]

42. While water services providers are obliged to submit tariff adjustment proposals to the Water Services Regulatory Board, the monitoring of implementation of the tariffs by the Board does not appear to be systematic. The Board provides a customers' complaint system, but the Special Rapporteur recommends that the Board should proactively monitor compliance of the tariffs, particularly by small scale providers. The Government should provide the Board with the resources necessary to strengthen its monitoring capacity.

43. Similar affordability standards for sanitation must be established. In setting such standards, the Government must consider both on-site and networked sanitation and consider the full costs of sanitation, including the collection, transport and disposal or reuse of human waste.

44. In settlements that are not connected to the sewerage system, households often rely on tankers and other informal service providers to empty their pit latrines and septic tanks. These costs are often forgotten in assessments of affordability. Further, as informal service providers tend to be unregulated, they charge prices determined by what the market will bear or by price-fixing between providers, rather than by considerations of affordability. For example, there may be extra charges for distance or difficult access. The Government must therefore provide the financial and technological support necessary to improve the affordability and safety of sanitation services.

D. Availability of water supply

45. With respect to the human right to water, there is no definitive standard regarding a fixed daily quantity of water, hence the Government must assess local conditions and requirements and refer to relevant studies before setting standards for the availability of water and sanitation, which may include a specific number of litres of water to be available to each person or household per day. Children, pregnant women and people with chronic diseases are particularly vulnerable to illnesses, such as diarrhoea or cholera, when there is not sufficient water available.

46. The policy of Kenya is aimed at ensuring a minimum of 20 litres per day for everyone at an affordable price, as defined in the National Water Services Strategy, 2007–2015. While 20 litres may be an absolute minimum amount for survival — it is insufficient

[11] See Water Services Regulatory Board, "Impact: a performance review of Kenya's water services sector 2011–2012", p. 32.

to address all health concerns[12] — setting a clear minimum target is itself a positive step. With regard to its implementation, however, one study shows that 57 per cent of low-income households consume less than 20 litres per person per day.[13]

47. In terms of the availability of water resources, Kenya is a water-scarce country with less than 1,000 cubic metres of water available per capita. According to estimates in some studies, unless water supply increases as rapidly as the population grows, water availability in Kenya may drop down to 235 cubic metres per capita by 2025,[14] far below an absolute water scarcity line of 500 cubic metres per capita. The population of Kenya is steadily growing, and so do water demands. Water scarcity is also caused by poor water supply management, water contamination and increasing droughts and floods exacerbated by climate change.

48. To address the scarcity of water resources, public utilities regularly ration their water supply. As a consequence, the supply is unreliable. According to a study conducted by the Kenya National Commission on Human Rights, approximately 50 per cent of households have an unreliable water supply.[15] Since most small-scale water providers rely on piped water, their supply is also unreliable. Given the unreliable provision through piped connection by utilities, people tend to store excessive amounts of water, which in turn increases water demand against the intention of utilities to ration water consumption. The rationing of water through intermittent supply is therefore a false economy, as it invariably leads to increased losses.

49. Kenya must clearly prioritize available water resources for personal and domestic uses and allocate water in a transparent and participatory way over competing demands of water. Under the ongoing water sector reforms, the Water Act of 2002 and the National Water Resources Management Strategy define priority allocation of water for personal and domestic uses. Any plans for river basin or water resources management must reflect the obligations stemming from the human rights to water and sanitation. Equally, planning for resilience to climate change is essential for the protection of water resources, and requires careful consideration of how water can safely be reused in domestic, agricultural and industrial contexts. There is an additional need to adopt regulations aimed at giving "prioritization" and "availability" a practical definition by assigning standard numerical values to the minimum desired quantity and continuity of water and sanitation supply. To set these minimum standards, Kenya can use international research as guidance, while always taking into account people's particular needs and continuing to progressively increase minimum standards.

50. The Government itself stated in the Kenya National Water Development Report of 2006 that water resources had been mismanaged through laws, policies and institutions that did not take into consideration sustainable use of water and land, through weak practices of water allocation, through increased pollution and through degradation of surface-water resources. Kenya is not an exception among the countries in the region whose water resources are negatively affected by climate change. It is therefore even more important to set up a system to continuously monitor and evaluate the availability of water resources. It is also critical to strengthen the enforcement of relevant laws on illegal usages of precious water resources.

[12] Guy Howard and Jamie Bartram, "Domestic water quantity, service level and health" (WHO, 2003). Available from www.who.int/water_sanitation_health/diseases/WSH03.02.pdf.

[13] See UNDP, "Small-scale water providers", p. 4.

[14] See Kenya, *Kenya Vision 2030: First Medium Term Plan 2008–2012*, p. 107.

[15] Kenya National Commission on Human Rights, *The Third State of Human Rights Report: A Human Rights Assessment of Kenya Vision 2030 (January 2008–June 2010)* (2011), p. 86.

51. Kenya is undertaking water sector reforms for a better management of water supply. As mentioned above, the authority of water resources management remains with the central Government, and the authority over water supply has been decentralized to local authorities. Government officials informed the Special Rapporteur that they recognized that water resources management and the provision of water and sanitation services were sometimes inextricable and that the division of competence would not be clear-cut in reality. The Government needs to take a comprehensive approach, since the management of water resources and the management of water supply are inseparable for sustainable water provision.

E. Sustainability of water and sanitation services

52. Sustainability is a fundamental human rights principle and an essential element for realizing the human rights to water and sanitation. Services must be available for present and future generations, and the provision of services today should not compromise the ability of future generations to realize those rights, including with respect to the availability of water resources (A/HRC/24/44). Once services and facilities have been put in place, positive changes must be maintained and backsliding prevented.

53. The transfer of the competences of water and sanitation service provision from the national Government to county governments has given rise to a particular sustainability challenge: the Government needs to develop criteria to balance the allocation of water resources in order to meet water needs at both the national and local levels. Another challenge is financial sustainability. Since 2004, 118 water service providers have registered, including small-scale providers, community-based organizations and non-governmental organizations, but many providers are still unregistered. While the role of local small-scale providers has been increasing in areas such as public sanitation and secondary water supply through kiosks, vendors or tankers, those providers are reported to be struggling to recover operation and maintenance costs.

54. It is worrying that the level of access to improved water sources in urban areas has decreased from 92 per cent in 1990 to 82 per cent in 2012, largely attributed to the failure to extend services to keep pace with rapid population growth in urban areas. During the mission, the Special Rapporteur observed that several toilet facilities and water outlets built by the Government and donors were no longer functioning. In Kisumu County, she saw non-functioning and abandoned toilets in a school and water basins without water, taps or soap. The Special Rapporteur also observed this pattern in other counties. In several places where important projects had been implemented in the area of water and sanitation some time ago, often supported by donors, people complained that the cost for operation and maintenance had not been budgeted in the projects. According to UN-Water, in order to maintain the existing systems, 75 per cent of the water and sanitation budgets worldwide should be devoted to operation and maintenance.[16] Donors are strongly encouraged to factor in such expenses into project plans or to make an arrangement with the local governments before starting projects. County governments should also consider significant budget allocations for such purposes.

55. In addition, high levels of non-revenue water are another concern for water availability and sustainability in a water-scarce country like Kenya. In most of the country, 50 per cent of the water is lost owing to "illegal" connections, leakage and other technical problems. Water losses obviously threaten sustainability — both economic and

[16] UN-Water and WHO, *UN-Water Global Analysis and Assessment of Sanitation and Drinking-Water (GLAAS) 2012 Report: The Challenge of Extending and Sustaining Services*, p. 29.

environmental. More efforts have to be deployed in order to further decrease these losses, including through targeted investments for operation and maintenance. In parallel, the Government should take multiple measures to increase water availability, including by increasing rainwater harvesting and storage capacities.

56. The economic and social dimensions of sustainability must be balanced: while sufficient revenues need to be raised to ensure sustainability in service provision, this must be achieved in such a way that ensures affordability for all social groups, including those living in poverty. According to government officials, 60 to 70 per cent of the cost of water and sanitation services is covered by the revenue generated by those services. Cost recovery is an important element for a sustainable system, ensuring the coverage of operation and maintenance costs and supporting access to water and sanitation by the poor through cross-subsidies. According to one assessment, however, it cannot be expected that revenues will cover all the costs of the rehabilitation of the system, expansion of networks and affordable access for the poor in Kenya, given the challenges posed by old networks and high levels of non-revenue water.[17] This means that the water and sanitation sector in Kenya requires increased financial support from the Government and donors.

F. Right to justice and accountability

57. Article 33 of the Constitution guarantees the right to freedom of expression, which includes the freedom to seek, receive or impart information or ideas. In the water and sanitation sectors in Kenya, the Water Services Regulatory Board disseminates comprehensive information on the performance of water service providers using indicators.[18] That effort is an important step in monitoring the progress, identifying gaps and adjusting plans and budgets in order to progressively improve people's access to water and sanitation.

58. The Water Services Regulatory Board should be further strengthened to be able to proactively monitor the implementation of the human rights to water and sanitation, and not be limited to monitoring reports submitted by the utilities. Potential duplication of responsibilities for the inspection and monitoring of and reporting on water service providers should be clarified among the Regulatory Board, the water services boards and the Ministry of Water and Irrigation to establish the accountability of authorities.

59. The Kenya National Commission on Human Rights is an independent national human rights institution established under article 59 of the Constitution; it is accredited with "A" status by the International Coordinating Committee of National Institutions for the Promotion and Protection of Human Rights. The Commission assesses the Government's human rights performance and publishes annual human rights reports, which includes a section on the right to water and sanitation, and is an important part of the national human rights mechanism.

60. Access to justice in cases of alleged violations of the rights to water and sanitation is crucial to hold authorities accountable. Kenya has to ensure that the rights to water and sanitation are effectively enforceable not only at the national and subnational levels, but also at the international level. The Special Rapporteur welcomes that there are already a few cases related to these rights before national courts. She also calls on the Government to

[17] German Agency for International Cooperation, "Kenyan-German development cooperation in the water sector: assessment from a human rights perspective" (2007), p. 34.

[18] See Water Services Regulatory Board, "Impact".

accede to the Optional Protocol to the International Covenant on Economic, Social and Cultural Rights.

IV. Maximum available resources and budgeting for the rights to water and sanitation

61. Kenya has the human rights obligation to progressively realize the human rights to water and sanitation, using the maximum available resources, which include international assistance and cooperation. The national and county-level budgets must therefore have specific allocations or budget lines for water, as well as for sanitation and hygiene, including menstrual hygiene management.

62. In the 2015 Water, Sanitation and Hygiene (WaSH) Performance Index, a quantitative measure of the progressive realization of the human rights to water and sanitation, Kenya ranks 76th out of 117 countries. The Index compares the rates of change of specific countries in improving equity and access to water and sanitation to best-in-class rates of change among countries at similar levels of water and sanitation coverage to generate a benchmarked value. The ranking suggests that, compared to other countries, Kenya is not investing its maximum available resources to progressively realize the human rights to water and sanitation.[19]

63. During the mission the Special Rapporteur was informed that about 4 per cent of the national budget had been allocated for water and sewerage, although that included all water-related activities, such as water resource management and water for tourism, industry and other non-domestic uses. The budget of the Ministry of Water and Irrigation increased from 0.4 per cent of gross domestic product in 2003/04 to 0.9 per cent in 2008/09, and the majority of the budget growth was spent on water supply and sanitation rather than irrigation.[20] This means that the Government is allocating more resources to water supply and sewerage than before, which is a welcome step. However, the increased budget should be targeted to underdeveloped areas, such as rural regions, informal settlements and underdeveloped counties. In this regard, under the Constitution Kenya established the Equalisation Fund, to which 0.5 per cent of national revenue is allocated. The national Government uses the Fund to provide basic services, including water, to marginalized areas to bring the quality of those services to the level generally enjoyed by the rest of the nation. However, the Fund unfortunately cannot be used for sanitation. The Special Rapporteur calls on the Government to review the regulations of the Equalisation Fund and expand such funds to the area of sanitation and hygiene.

64. In the decentralized structure, the Constitution provides that "county governments shall have reliable sources of revenue to enable them to govern and deliver services effectively" (art. 175 (b)). The Constitution also prescribes that the Senate determines "the basis for allocating among the counties the share of national revenue that is annually allocated to the county level of Government" (art. 217). However, the Special Rapporteur was informed that for the fiscal year 2013/14, only three counties had adequate funding available to implement planned sanitation activities and 18 counties had no dedicated budget line for sanitation.[21]

[19] Ryan Cronk and others, "The WaSH Performance Index report" (The Water Institute at the University of North Carolina, Chapel Hill, North Carolina). Available at http://bit.ly/1RhieaX.

[20] African Ministers' Council on Water, "Water supply and sanitation in Kenya: turning finance into services for 2015 and beyond", p. 15.

[21] Kenya, Ministry of Health and the Water and Sanitation Program, County Sanitation Profiles.

65. Allocation of funds to the Ministry of Health for environmental health services started in 2008/09 and was doubled in 2009/10, which is another sign of commitment made by the Government. The budget seems to cover the salaries of thousands of environment health workers for hygiene promotion activities. However, this is still less than 0.1 per cent of gross domestic product. In addition, as stated above, the system appears to be based on an assumption that individual households cover most of the costs to install and maintain on-site sanitation. The very slow progress in rates of access to sanitation in the past decade (up from 25 per cent in 1990 to 30 per cent in 2012), however, shows that this assumption has proven to be not realistic. In any case, the Government has an obligation to allocate adequate budget for sanitation, hygiene and water in order to ensure the progressive realization of those rights. It also needs to develop strategies and incentives to encourage households to contribute to on-site sanitation.

66. Sanitation is a smart investment as well. The benefits of investing in water and sanitation are particularly evident in the area of improved health. Such investments prevent illnesses such as diarrhoea, reduce child mortality and increase adults' productivity and children's attendance at school. In 2012, 10 per cent of the deaths of children under five in the country, which has an under-five child mortality rate of 73 per 1,000 live births, was attributed to diarrhoea. According to a recent study by the World Bank, Kenya loses at least K Sh 29.6 billion (approximately $330 million) every year due to poor sanitation.[22] By improving both water and sanitation services, Kenya could save up to K Sh 145 billion annually.[23] Aside from monetary benefits, water and sanitation have other positive impacts on economic and sustainable development, such as dignity gained, progress towards realizing gender equality, the avoidance of environmental degradation and, where efforts are made to prioritize access for disadvantaged individuals and groups, the elimination of inequalities.

67. In Turkana County, for instance, over 80 per cent of the population practise open defecation. This absence of sanitation is causing water-borne diseases, including cholera outbreaks. In addition, Turkana County alone loses K Sh 1.1 billion each year due to poor sanitation, through, inter alia, time lost in gaining access to water, premature death, health-care costs and lost productivity. The county budget included a specific allocation for sanitation in the 2013/14 fiscal year for the first time. Despite the low levels of access and the huge losses caused by the lack of sanitation, only 0.05 per cent of the budget has been allocated to sanitation.

68. The Government developed a sector-wide approach to planning in 2006, and international assistance to the water and sanitation sectors, mostly in the form of loans, has increased significantly since then. The Special Rapporteur encourages donors to continue to support efforts in the water and sanitation sectors made by the Government and, at the same time, calls on donors and the Government to take targeted approaches to projects prioritizing the most marginalized people.

69. The Government should do more to ensure that more budgetary allocations are made to target the poorer rural and deprived urban areas, but also that already existing funds are better used to target disadvantaged individuals and groups. The process for determining allocations to different regions or areas should take into account existing disparities and inequalities, so that disadvantaged individuals and groups receive higher and targeted allocations even when they are living in regions that are otherwise adequately served.

[22] Ibid.

[23] Kenya, Ministry of Water and Irrigation, The Pro-Poor Implementation Plan for Water Supply and Sanitation (2007), p.13.

V. Marginalized persons

70. In Kenya, as in other countries, the situation regarding access to water and sanitation varies depending on one's location and on one's economic status. The Special Rapporteur will analyse the situation of some of the groups she met with during her visit and who have particular difficulties in gaining access to water and sanitation.

A. Persons living in rural areas

71. Despite general progress in access to water, inequalities in access to water in urban and rural areas are significant. The majority of the population of Kenya live in rural areas, and 23 per cent were still relying on surface water in 2012. While 44 per cent of people in urban areas have access to piped water, that percentage falls to 13 per cent in rural areas.[24]

72. The lack of access to water on premises means that people have to go out to collect it. In remote areas, water sources are far. In one very remote area in Turkana County, for instance, the distance to fetch water can be as long as 25 km. Water kiosks or other types of water vendors in rural areas are an acceptable interim solution, and they indeed improve the proximity to water sources in some areas. When waiting time at the water points is added, however, the total amount of time households spend on fetching water still tends to be significant. Also, as mentioned above, there is a systematic pattern of charging more to those who are not connected to the piped network or those living in remote areas. This disproportionately affects people living in remote areas and people living in poverty.

73. Access to sanitation is equally limited in urban and rural areas. Open defecation, however, is much more commonly practised in rural areas: 18 per cent of residents in rural areas engage in the practice, versus 2 per cent of the population in urban areas. It is particularly widespread in very remote areas.

74. In May 2011, the Ministry of Health, with support from UNICEF, launched the Open Defecation Free Rural Kenya 2013 campaign, employing the Community-Led Total Sanitation approach. The Special Rapporteur was pleased to see efforts made by the Government in the areas of Community-Led Total Sanitation and hygiene promotion advocacy. Access to information and hygiene education are essential to realize the human rights to water and sanitation. Under the campaign, of a total of 59,915 villages in Kenya, 9,126 (15 per cent) have been engaged with open defecation free processes, and 3,956 (7 per cent, or 45 per cent of the engaged villages) have pronounced themselves open defecation free. The Special Rapporteur visited an open defecation free village in Turkana County. She was impressed by the practical and simple toilets and the commitment made by villagers, although she also witnessed some evidence of continued open defecation practices by some, including children. There is still a long way to go to end open defecation and to achieve universal access to sanitation in Kenya. Political commitment needs to be supported by necessary budgets. The Government needs to revisit its allocation of budget and must prioritize support to realize access to basic sanitation.

B. Persons living in informal settlements

75. In urban areas, the situation in informal settlements continues to be particularly worrying. Urban informal settlements have been excluded from urban policies and planning by the Government for a long time, and this neglect has left people in extreme hardship.

[24] WHO and UNICEF, *Progress on Drinking Water*.

The Government has recently started to address access to water in informal settlements. The Special Rapporteur was informed that the Athi Water Services Board, for instance, has installed 15 washing facilities, 4 of which are biocentres in Kibera, the largest informal settlement in Kenya. In Kibera the Special Rapporteur visited a creative sanitation project established by the Umande Trust and UNICEF that is aimed at installing communal toilets and using the waste to produce biogas for cooking. Despite such efforts by civil society, donors and the Water Services Board, the communal sanitation facilities cover only about 20 per cent of the residents in the settlement. Other communal sanitation facilities the Special Rapporteur visited were not in a hygienic condition, and waiting lines at peak hours were long. In addition, communal toilets only partially meet the need if they are inaccessible at night, either because they are locked or because the journey to them would put the users at risk of attack.

76. The vast majority of people still rely on shared pit latrines that are manually emptied; the waste is disposed directly into a river or ditches. The Special Rapporteur also observed many tied plastic bags in the open ditch — a sign of the continuing practice of "flying toilets". This is not only a denial of dignity and of the right to sanitation, but a serious public health concern. Not surprisingly, health indicators in informal settlements are worse than those in the rest of the country.

77. WHO and UNICEF have revealed disparities inside settlements as well.[25] In informal settlements in Mombasa, open defecation is practised exclusively by the poor, while almost 70 per cent of those who are better off use flush toilets. A communal eco-toilet in Kibera visited by the Special Rapporteur, for instance, charges K Sh 5 per visit, which is not affordable for many residents. Such facilities are a great intermediate solution for high-density residential areas, however, many more targeted efforts by the Government are needed to ensure affordable, accessible and safe sanitation. In particular, this requires urgent measures by the Government to ensure that residents and owners are supported through the provision of information and subsidies to establish toilets — either flush toilets or latrines of adequate quality — in or next to their homes. Where residents rent homes from structure owners, the State must enforce the laws that require those who rent out structures to provide access to toilets that can be accessed at all times and without risk of harm.

C. Women and girls

78. Women and girls are not only disproportionately affected by the lack of access to water and sanitation but bear a heavier burden with respect to collecting water.

79. During the mission, the Special Rapporteur saw mainly women and children carrying yellow water jerrycans in every place she visited or passed through. In fact, one study shows that the majority of households put the responsibility of fetching water only on women and children, and only 15.7 per cent of households balance the work of fetching water between men and women.[26] This task obviously prevents women and children from exercising other human rights, such as the rights to work and to education.

80. Women and girls suffer the lack of sanitation and hygiene services differently because of their needs related to menstruation and their more acute needs for privacy and safety. One study provides specific examples of the impacts that women's lack of access to

[25] WHO and UNICEF, *Progress on Drinking Water*.

[26] See UNDP, "Small-scale water providers", p. 26.

sanitation, violence and poverty have in informal settlements in Nairobi.[27] Many women and girls in Kibera expressed to the Special Rapporteur their fears of being victims of violence, including sexual violence, when using public restrooms at night.

81. Menstrual hygiene management that ensures privacy and human dignity is an essential but often forgotten component of the human rights to water and sanitation. Many women the Special Rapporteur met with during the mission shared stories of how difficult it is to reconcile their menstruation days with attending school or working. A small pack of sanitary pads in Kenya costs K Sh 80 on average; women in informal settlements and girls in communities living in poverty all said they could not afford them and therefore used a piece of cloth instead. There are some initiatives to provide reusable sanitary napkins; however, in water-scarce areas or in slums where water is extremely expensive, reusable sanitary napkins are not a realistic solution as they cannot be washed. Without adequate menstrual hygiene management girls are often forced to miss five school days per month. The Special Rapporteur was impressed by the courage of one girl in a remote area in Kanyadhiang who openly said, after being asked what she wanted most to have a better life: "I want one more pair of panties because I only have one and I need to wash them daily. And I want sanitary napkins." In Turkana, the poorest county, the Special Rapporteur saw a positive effort where the county government provides sanitary pads to secondary school girls. She encourages all counties to adopt similar measures, to give menstrual hygiene greater political and budgetary visibility and to create a specific budget line for menstrual hygiene in their budgets.

VI. Conclusions and recommendations

82. **While Kenya is often invoked as a model at the international level owing to its constitutional recognition of water and sanitation as human rights and its development of legislation and policies based on those rights, there is still a long way to go to realize the human rights to water and sanitation for all. Much more needs to be done to translate the law into reality for the millions of Kenyans for whom these human rights are still only a mirage.**

83. **The State should use the opportunity presented by the current drafting of the Water Bill, as well as the upcoming water and sanitation strategy, to use the normative content of the rights to water and sanitation to guide actions in the sector. National mandatory minimum standards should be adopted, or, in some cases, maintained, for the legal content of the rights to water and sanitation, including tariff setting and water quality, as should regulations aimed at prohibiting water disconnections of those unable to pay, including public spaces such as schools, health facilities and prisons. The prioritization of the most marginalized individuals and groups, as provided for in the Constitution, should be clearly reflected in law, policy and financing.**

84. **In this regard, the Special Rapporteur recommends that the Government of Kenya:**

(a) Clarify the allocation of functions between various levels of government, and between various government departments, in the provision and regulation of the water and sanitation sectors;

[27] Amnesty International, *Insecurity and Indignity: Women's Experiences in the Slums of Nairobi, Kenya* (2010), p. 21.

(b) Ensure that the national Government remains the primary duty bearer for the realization of the human rights to water and sanitation while implementing the devolution of the competence of water and service provision;

(c) Include a provision in the Water Bill that provides an explicit prioritization of water for personal and domestic uses;

(d) Strengthen the Water Services Regulatory Board, by providing necessary mandates and financial and human resources, as a central regulatory board that sets national minimum standards and regulates the service provisions at the county level;

(e) Determine the budgetary implications of the envisaged regulatory activities and allocate sufficient financial and human resources to implement those activities;

(f) Ensure that water services boards effectively regulate small-scale informal water and sanitation service providers to ensure the quality and affordability of water and sanitation, particularly for the poor and the most marginalized;

(g) Ensure that those renting out residential accommodation provide access to sanitation that can be safely accessed at all times, including in informal settlements;

(h) Ensure the allocation and use of funds for the promotion and construction of on-site sanitation and safe disposal of human excreta;

(i) Establish clear budget lines to improve sanitation at the national and county levels, and earmark funds to target the most marginalized and vulnerable;

(j) Transfer necessary financial and human resources from the national Government to the county governments in the process of the devolution to establish the sustainable provision of water and sanitation services at the local level. The county governments should also make specific requests to the national Government;

(k) Invest in the maintenance and operation of new and existing services, including human resources, in order to avoid deterioration in the services currently provided, and provide financial and technical support to the counties;

(l) Allocate budget lines targeting the poorer rural and deprived urban areas and disadvantaged individuals and groups, taking into account existing disparities and inequalities;

(m) Strengthen the rights to access to justice and information for all, including by strengthening the existing independent institutions (the Water Services Regulatory Board and the Kenya National Commission on Human Rights).

85. The Special Rapporteur recommends that the international community:

(a) Increase funds to accelerate the realization of the human rights to water and sanitation in Kenya, targeting marginalized groups;

(b) Coordinate among donors and consult with the Government to increase targeted funds and technical support to help the Government to implement its strategies and plans prioritizing the most marginalized, including persons living in rural areas and informal settlements, as well as women and girls.